

CLASS C REINSTATEMENT FORM

Mail or Fax a copy of this form to:

Public Service Commission of South Carolina
Clerk's Office
101 Executive Center Dr., Ste 100
Columbia, S.C. 29210

PHONE (803) 896-5100
FAX (803) 896-5199

Need Assistance with completing the Form?

SC Office of Regulatory Staff
Transportation Department

PHONE: (803) 737-0800

POSTED
12-6-18

DATE: 12-06-2018

280586 2017-104-T
280585 2018-264-T

Please consider this an application for Reinstatement of my:

- ☒ Taxi Certificate Number 9245
- ☐ Charter Certificate Number _____
- ☐ Charter Bus Certificate Number _____
- ☐ Non-Emergency Certificate Number _____
- ☐ Stretcher Van Certificate Number _____

RECEIVED
DEC 06 2018
PSC SC
CLERK'S OFFICE

My certificate was revoked/cancelled on 12/04/2018 because insured did not pay decal fees
(DATE)

I am seeking reinstatement because this is my only source of income

Mariel Ford

(Name of Company)

DBA N/A

(if applicable)

3809 Charters Drive

(Street Address)

(Mailing Address if different from Street Address)

Florence SC 29501

(City, State, Zip Code)

Mariel Ford
(Signature)

843-610-0217

(Telephone Number)

Owner

(Title) Owner, President, etc.